

Kansas Department of Health and Environment Division of Environment Bureau of Air and Radiation

FLARES/TAILGAS INCINERATOR

1)	Source ID Number:								
2)	Company/Source Name:								
3)	Flares/Tailgas Incinerator identification number or designation:								
4)	What emission unit(s) or source(s) of emissions is(are) vented to the flare/tailgas incinerator?								
	a								
	b								
	c								
	d								
5)	Description of pollutant(s) c	ollected:							
6)	Manufacturer:								
	Type of flare:	Ground	Elevated						
	If flare, mixing method:	Steam injected	Compressed air	Fuel gas					
		Other, specify							
	Date of Manufacture:		Date of Modification:						
	Maximum designed heat rate:Btu/hr								
7)	Normal Operating Schedule: hrs/yr								
8)	Gas stream composition including either volume% or mole% (be sure to indicate which):								
	COMPONI	ENT	MOLE % OR V	OLUME % (circle one)					

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(cont.)

9)	(If units are inappropriate to the fuel that you use, be sure to indicate the correct units):						
	Type of primary fuel:		Type of secondary fuel: Heat value:				
	Heat Value of pilot gas:	Btu/ft ³					
	Maximum Consumption:			Max. Consumption:			
10)	Gas Temperature°F; Height of	Flare ft;	Diameter	_ ft; Residence time	sec		
11)	If flare is equipped with sound suppressor,	•					
12)	Over-all sulfur recovery efficiency:	%					
13)	% SO ₂ by volume discharged to atmospher	re:%					
14)	If flares are used, give the appropriate num	nber of flares	-	ation			
15)	For flares in existence, what is their orients	ation? ser	ies par	allel			
16)	Emissions discharged to the atmosphere diameter at °F temperature	_	=		in		
17)	If other emission control equipment is emp duplicate as needed. Be sure to indicate the		1	~	and		